U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number.

PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Patent Number | 7009733 | | |
|------------------------|-------------------------------------|--|--|
| Issue Date | 03/07/2006 | | |
| First Named Inventor | Pavel Vladimirovich Gruzdev | | |
| Title | Manual Correction of an Image Color | | |
| Attorney Docket Number | 197-012-USP | | |

| I hereby revoke all previous powers of attorney given in the above-identified patent. | | | | | | | | | |
|--|--|-------------------------------|---------------------|------------------|--------------------|---------------------|--|--|--|
| | A Power of Attorney is submitted herewith. | | | | | | | | |
| OR | | | | | | | | | |
| X | I hereby appoint Practitioner(s) associated with the following Customer Number as my/our | | | | | | | | |
| OR | the United States Patent and Trademark Office connected therewith: | | | | | | | | |
| | . I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified | | | | | | | | |
| | above, and to transact all business in the United States Patent and Trademark Office connected therewith: | | | | | | | | |
| | ş | Practitioner(s) Name | Registration Number | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| There were not a subsequently an experience of the state | | | | | | | | | |
| Please recognize or change the correspondence address for the above-identified patent to: | | | | | | | | | |
| X The address associated with the above-mentioned Customer Number. OR | | | | | | | | | |
| | | | | | | | | | |
| OF | | ociated with Customer Number: | | | | | | | |
| This is the second of the seco | | | | | | | | | |
| Individual Name | | | | | | | | | |
| Address | | | | | | | | | |
| City | | | State | | Zip | | | | |
| Countr | У | | G.B.C | | | | | | |
| Teleph | one | | Email | | | | | | |
| i am the: | | | | | | | | | |
| Inventor, having ownership of the patent. | | | | | | | | | |
| | OR Patent owner. | | | | | | | | |
| X Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on | | | | | | | | | |
| SIGNATURE of Inventor or Patent Owner | | | | | | | | | |
| Signat | | | | Date | October 12, 2010 | | | | |
| Name | | Graham Brown | | Telephone | 613 728 8200 | | | | |
| Title and Company Chief Technology Officer, Corel Corporation NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | | | | | |
| | gignatures of all the eas, beniuper zi er | | ner representative(| s)ane redured. ∶ | ownin municipie to | ima e more than one | | | |
| X | X *Total of forms are submitted. | | | | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.